STATE OF ILLINOIS}
}SS.
COUNTY OF WILL }

Will County
Supervisor of Assessments Office
302 N. Chicago Street
Joliet, IL 60432
Office: (815) 740-4648
Fax: (815) 740-4696

AFFIDAVIT

Request To Remove Property Exemption(s)

Assessment Year _____

Parcel Number(s) _____

I _____, voluntarily request that any

property exemption(s) located at _____

be removed due to the following reason(s):

A. Said property is no longer occupied as a primary residence.
B. Property owner of said property is deceased.

_____ _____
Signature of Tax Payer Date

Final determination by Supervisor of Assessments Office

_____ _____
Signature of Administrative Clerk Date